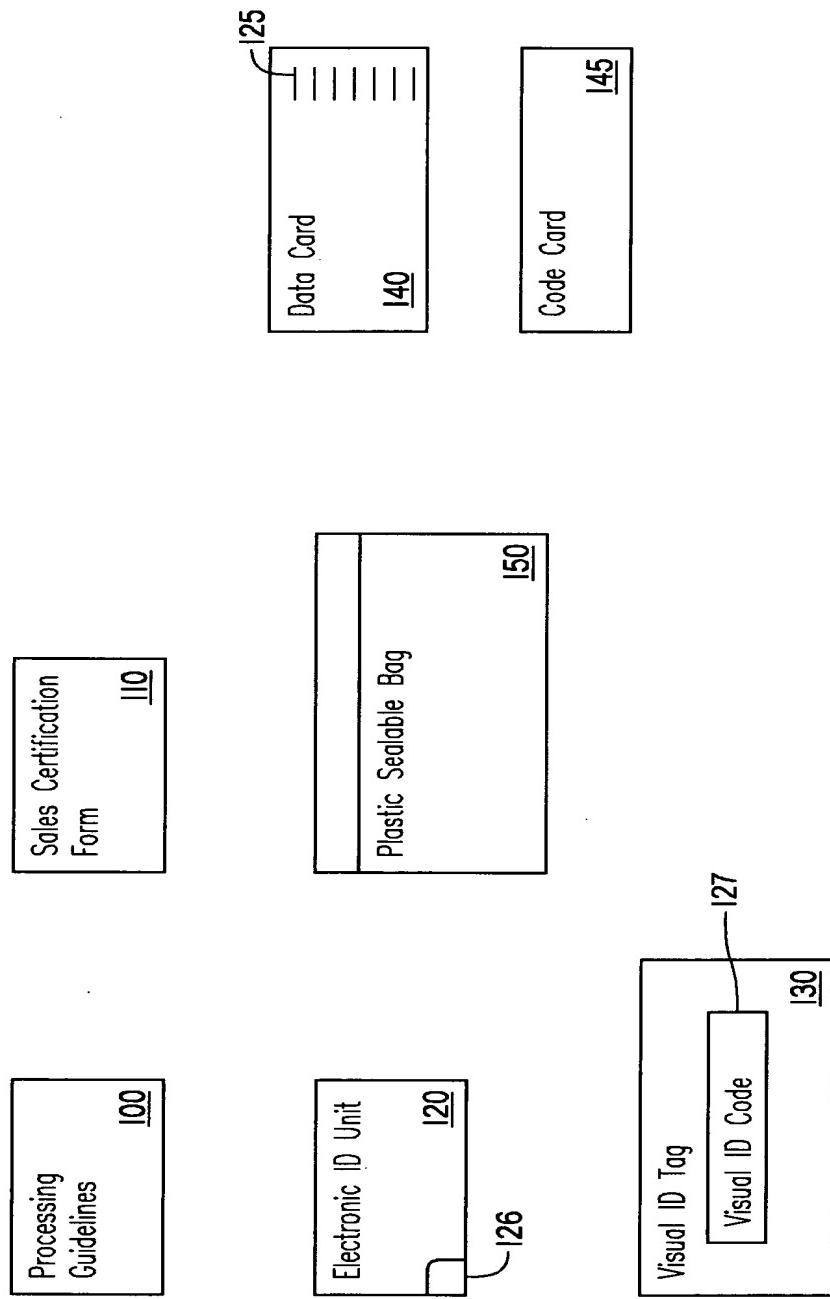


**FIG. 1**



## Premium Stocker and Feeder Sale Guidelines

- I. Weaning Date
  - A. Minimum of 45 days prior to the sale.
- II. Required Vaccinations
  - A. Four Way Virus Vaccine for IBR, BVD, P13, BRSV(MLV)
    - 1. BRSV Vac 4-Bayer
    - 2. Pyrimid 4-Fort Dodge
    - 3. Bovishield 4-Pfizer
  - Administer one of the above at weaning and revaccinate 14-21 days later.
    - B. Pasteurella Vaccine
      - 1. Once PMH Bayer
      - 2. Presponse-Ft. Dodge
      - 3. One Shot-Pfizer
    - Administer one of the above at weaning.
      - C. Clostridial 7 way + Hemophilus Somnus (Blackledge + Somnus)
        - 1. Vision 7 Somnus-Bayer
        - 2. Fortress 7 Somnus-Pfizer
    - Administer one of the above at weaning if a Blackledge was given previously at branding  
Otherwise, administer two, one at weaning and one 14-21 days later.
      - D. Deworm at weaning.
        - 1. Ivomec-Merial
        - 2. Dectomax-Pfizer
        - 3. Cydectin-Fort Dodge
  - III. Recommended Nutrition
    - A. Provide high quality, high energy rations first 3-5 days post-weaning.
    - B. Hand feed on grass, fields or improved pasture, sufficient quantities to maintain growth and health of calf.
    - C. Free choice salt and minerals at all times.
    - D. Adequate and clean water supply.
  - IV. Required Health Records
    - A. Must complete, sign and send to Auction the sales certification form regarding name of vaccine, lot or serial number, dates and locations of administration, and also the Producer needs to attach the purchase receipts for the vaccines.
  - V. Required Processing
    - A. Knife cut all bull calves prior to weaning.
    - B. Dehorn prior to weaning or dehorn or tip at weaning.
    - C. Administration of vaccine.
      - 1. Use the neck area for intramuscular injections.
      - 2. Use subcutaneous injection of labeled on the product.
      - 3. Follow label directions and handle vaccines properly.
  - VI. Electronic Ear tags are required on all cattle.
    - A. The data card must be filled out and returned to Auction.

3/11

110

Premium Stocker and Feeder Sale Certification Form

Consignor: 210

Ranch Name: 220

Address: 230

Phone Number: 240 Fax Number: 250

Contact Person: 260

Sire Breed: 270 Dam Breed: 280

Vaccination Background

Vaccination Type	Location Administered	Trade Name	Lot/Serial/Exp. Date	Date Administered
Four Way Virus	<u>365</u>	<u>390</u>	<u>415</u>	<u>440</u>
Four Way Virus Booster	<u>370</u>	<u>395</u>	<u>420</u>	<u>445</u>
Pasteurella	<u>375</u>	<u>400</u>	<u>425</u>	<u>450</u>
Clostridial 7 Way And Hemophilus	<u>380</u>	<u>405</u>	<u>430</u>	<u>455</u>
Dewormer	<u>385</u>	<u>410</u>	<u>435</u>	<u>460</u>
Receipts Attached		<u>465</u>		<u>470</u>
		Signature		Date

These cattle have been pre-conditioned to the above recommendations to the best of my ability and knowledge, and the above information is true and accurate.

480

485

Signature

Date

FIG. 3

Date Card

DATE:	<u>500</u>	RANCH:	<u>510</u>
GROUP INFO BEING COMBINED WITH BELOW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
VISUAL TAG #:	<u>127</u>	SEX:	<input checked="" type="checkbox"/> HEIFER <input type="checkbox"/> COW <input type="checkbox"/> STEER <input checked="" type="checkbox"/> BULL
Check all that apply: <u>BRAND</u> <u>572</u>		METHOD	<u>573</u> DOSE <u>574</u>
615	<input type="checkbox"/> BRUCELLOSIS	<u>575</u>	<u>588</u>
620	<input type="checkbox"/> CLOSTRIDIAL	<u>576</u>	<u>589</u>
630	<input type="checkbox"/> IBR	<u>577</u>	<u>590</u>
640	<input type="checkbox"/> PI-3	<u>578</u>	<u>591</u>
650	<input type="checkbox"/> BVD	<u>579</u>	<u>592</u>
660	<input type="checkbox"/> BRSV	<u>580</u>	<u>593</u>
670	<input type="checkbox"/> HAEMOPHILUS SOMNUS BACTERIN	<u>581</u>	<u>594</u>
680	<input type="checkbox"/> PASTEURELLA	<u>582</u>	<u>595</u>
690	<input type="checkbox"/> LEPTOSPIROSIS	<u>583</u>	<u>596</u>
700	<input type="checkbox"/> DEWORM	<u>584</u>	<u>597</u>

APPLY  
ANIMAL  
ID BAR  
CODE  
HERE

128

4/11

140

FIG. 4A

(Second side of CattleCode Data Card)

Check all that apply: BRAND

GRUB/LICE      585  
 OTHER: \_\_\_\_\_  
 IMPLANT      586  
                      587

TREATMENTS:  BRAND       CASTRATE  
 DE-HORN       WEAN  
750      770

BREED CODE: 905  
SIRE CODE: 910  
DAM CODE: 920  
ANIMAL LOCATION: 1105

METHOD      DOSE  
598      610  
599      611

FRAME:  1       2       3       4       5       6       7  
 850       860       870       880       890  
CONDITION:  1       2       3       4       5  
 900       910       920       930  
 940       950       960       970  
 980       990  
 BRINDLE       GREY

BIRTH DATE: 940  
COLOR:  BLACK       RED       WHITE  
 950       960       970  
 980       990  
 BRINDLE       GREY

1000 —  BLACK WITH WHITE FACE

1010 —  RED WITH WHITE FACE  
PREG:  1-2       3-4       4-5       6-7       8-9  
BROKEN NEEDLE?  YES       NO IF YES, DESCRIBE (Where on animal, what vaccine/treatment, etc.)  
1070      1080  
1090

OTHER: 1100  
OTHER: 1110

FIG. 4B

5/11

← 140

6/11

145

Code Card

METHOD:

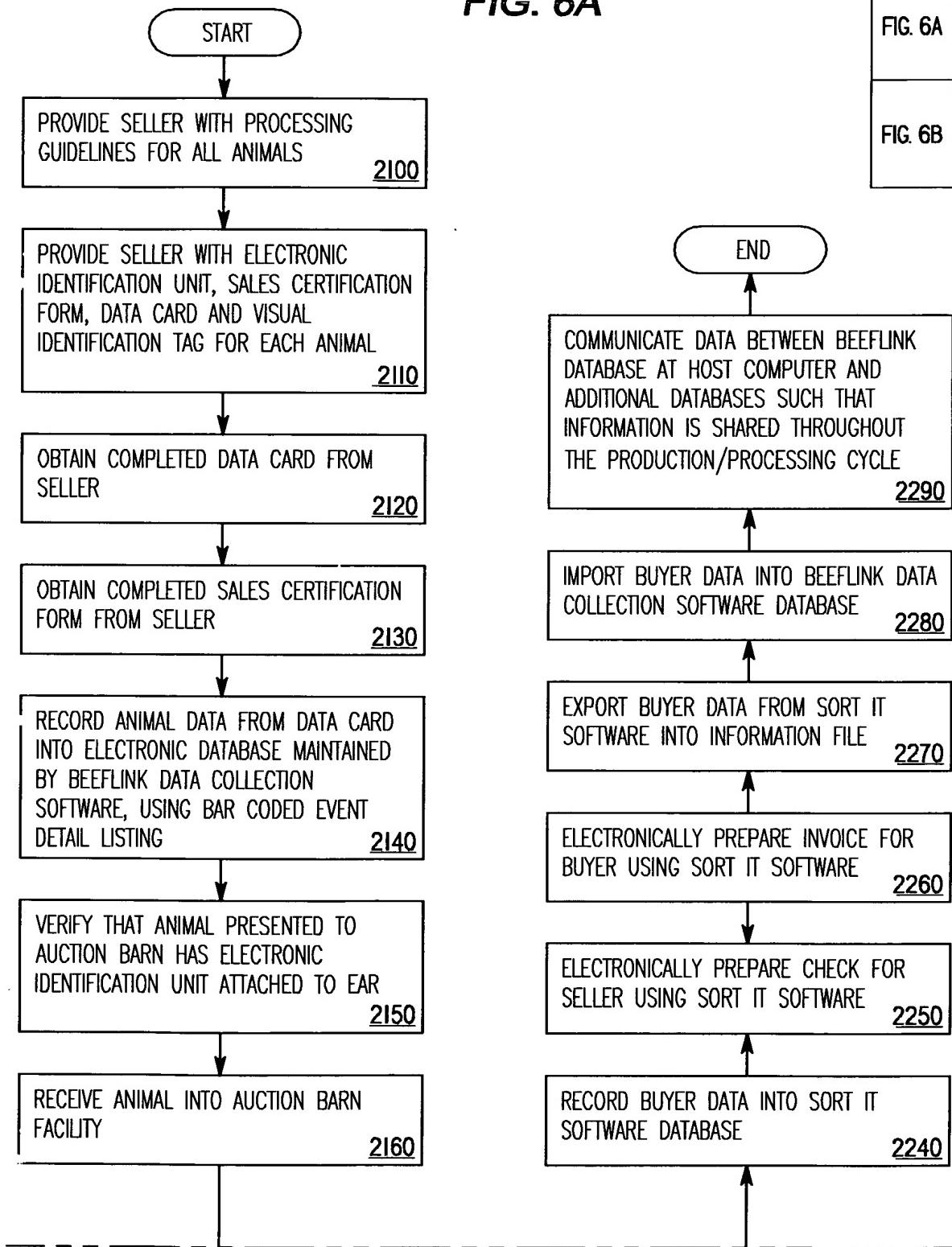
IM = Intramuscular  
SC = Subcutaneous  
OR = Oral/Drench  
PO = Pour On

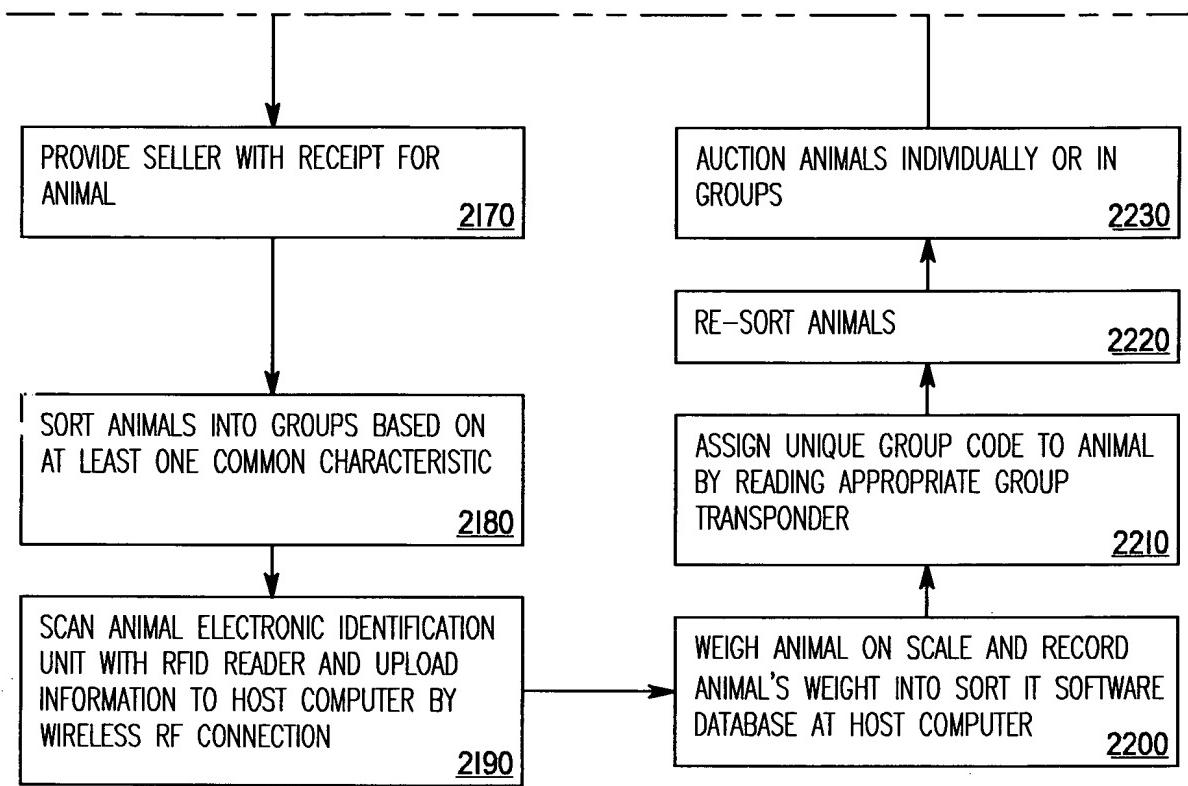
BREED/SIRE/DAM:

A = Angus  
BM = Beefmaster  
BH = Brahman  
BA = Brangus  
C = Charolais  
CH = Chianina  
G = Gelbvieh  
H = Hereford  
PH = Polled Hereford

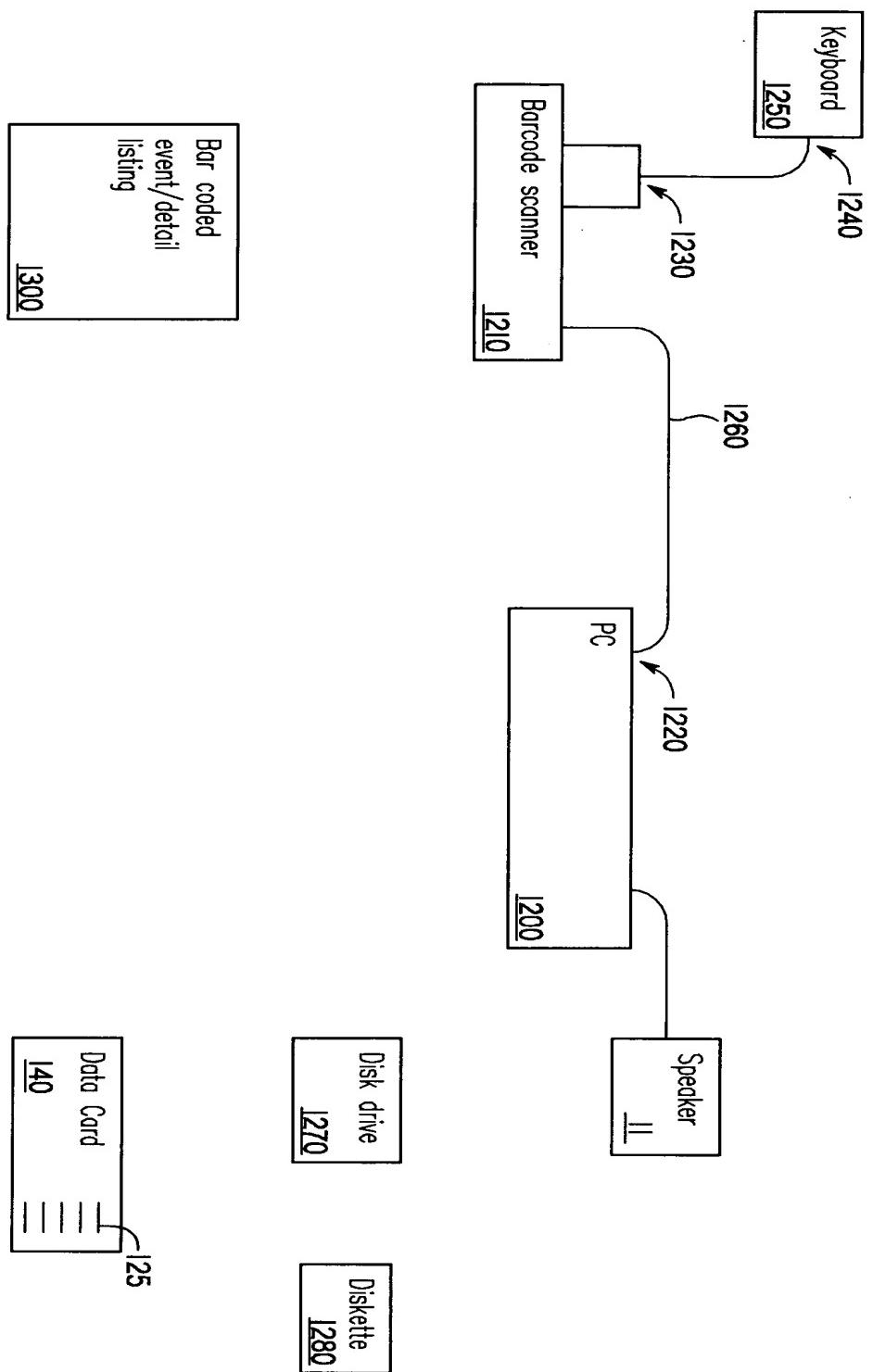
L = Limousin  
MA = Maine Anjou  
RA = Red Angus  
SA = Salers  
SG = Santa Gertrudis  
S = Simmental  
X = Cross - Specify  
(i.e. AX Angus Cross)

FIG. 5

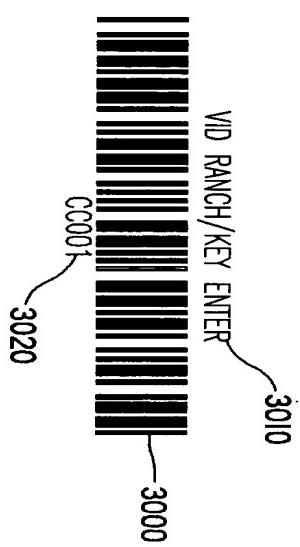
**FIG. 6A**

**FIG. 6B**

*FIG. 7*



**FIG. 8**



11/01

FIG.  
6

